

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10) 5 b6515
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
6							
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9							
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11							
12							
13	1						
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21	1						
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49							
50							
TOTAL IND.	7						
TOTAL DEP.	18						
TOTAL CLAIMS	21						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							